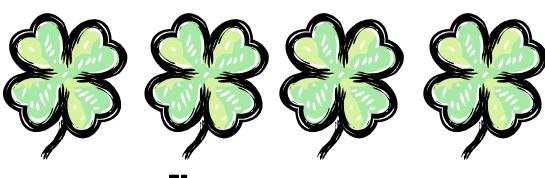
4-H Horse Record Book



Horse's Name

4-H Member ____



Year:_____



NYS 4-H HORSE CERTIFICATE

Personally Owned
Family Owned
Non-owned (Leased)

Name of Animal				
Date Animal Born (Mo)			SEX:	M G
Name of Sire:				
Name of Dam:				
Registry/Breed				
Date of Purchase		Member (County	
Draw color marking on each side or provide picture of each side. Color:				
Height: Weight:		Address:		
,,,o.18.11.	C	City	State	Zip
	S	ignature of Owner		
			GRAND SIE	RE
	SIRE			
HORSE'S NAME	_		GRAND DA	M
HORSE S NAME				
	DAM		GRAND SIF	₹E
			GRAND DA	AM

PHOTOGRAPHS OF YOUR 4-H PROJECT

NIMALS NAME	AGE	
REED		
FRONT VIEW	REAR VIEW	
SIDE V	VIEW	

HEALTH AND VACCINATION RECORD

	Name of horse	Breed	Reg.	. No.	Color and Markings
	Foaling date	Owner	-	Add	lress
low. T	information on worming he type of worm medicine active in action.	in the space provided be- s is important because they	Record information provided below. In	n on trimming a nelude informat	nd shoeing in the spaces ion on corrective trimming.
date	veterinarian	antihelmentic	date fa	arrier	work done
Record geograp	information on vaccination on including the control of the control	ons in the space provided below. The The advice of a veterinarian should Tetanus	necessity for vaccinal be sought. Influenza	tion against eacl	h disease varies from one Rabies
date	veterinarian	date veterinarian	date veterina	uian (late veterinarian
	Rhinopneumonitis	West Niles		Other	
	date veterinarian	date veterinarian	date vete	erinarian	vaccination
			n./4-		
Recor-		erinary visit in the space provided be	low with as much info	rmation on the 1	nature of the problem as
date	veterinarian	nature of the pro	blem	tent	tative diagnosis
					-
					· · · · · · · · · · · · · · · · · · ·
Her.					

FEED RECORD

SEPT/OCT	PRODUCT	POUNDS/AMOUNT	COST	HOUR	OTHER
HAY					
GRAIN					
PASTURE					
STALL					
SUPPLEMENTS					
OTHER					
TOTAL					
NOV/DEC	PRODUCT	POUNDS/AMOUNT	COST	HOUR	OTHER
HAY	TRODUCT	TOONDS/AWOONT	C051	HOOK	OTTLER
GRAIN					
PASTURE					
STALL					
SUPPLEMENTS					
OTHER					
TOTAL					
JAN/FEB	PRODUCT	POUNDS/AMOUNT	COST	HOUR	OTHER
HAY					
GRAIN					
PASTURE					
STALL					
SUPPLEMENTS					
OTHER					
TOTAL					

PLEASE FILL IN THE BLANKS WITH PRODUCT NAME, POUNDS OR AMOUNTS, COST, HOURS ON PASTURE OR IN A STALL. THEN FOR EVERY 2 MONTHS FILL IN THE TOTAL AMOUNT.

FEED RECORD

MAR/APRIL	PRODUCT	POUNDS/AMOUNT	COST	HOUR	OTHER
HAY					
GRAIN					
PASTURE					
STALL					
SUPPLEMENTS					
OTHER					
TOTAL					
DA ASZITE DE	DRODUCE	DOLDIDG/ADAOTD7T	COST	HOUR	OTHER
MAY/JUNE HAY	PRODUCT	POUNDS/AMOUNT	COSI	HOUR	OTFIER
GRAIN		<u> </u>			
PASTURE					
STALL					
SUPPLEMENTS					
OTHER					
TOTAL					,
JULY/AUGUST HAY	PRODUCT	POUNDS/AMOUNT	COST	HOUR	OTHER
GRAIN					· · · · · · · · · · · · · · · · · · ·
PASTURE			•		
STALL					
SUPPLEMENTS					
OTHER					
TOTAL					
				1	

PLEASE FILL IN THE BLANKS WITH PRODUCT NAME, POUNDS OR AMOUNTS, COST, HOURS ON PASTURE OR IN A STALL. THEN FOR EVERY 2 MONTHS FILL IN THE TOTAL AMOUNT.
GRAND TOTAL FOR THE YEAR

MISCELLANEOUS

SEPT/OCT	NAME	PRODUCT	COST	WHAT WAS DONE
FARRIER				
TRAINING			····	
BOARDING			,	
SUPPLIES				
EQUIPMENT				
OTHER				
TOTAL				
			- com	TYTTAT WAS DONES
NOV/DEC	NAME	PRODUCT	COST	WHAT WAS DONE
FARRIER				
TRAINING				
BOARDING				
SUPPLIES				
EQUIPMENT				
OTHER		·		
TOTAL			-	
			T 0000	L WITH A THAN TO DONE
JAN/FEB	NAME	PRODUCT	COST	WHAT WAS DONE
FARRIER				
TRAINING				
BOARDING				
SUPPLIES				
EQUIPMENT				
OTHER				
TOTAL				

PLEASE FILL IN BLANKS WITH NAME OF FARRIER, TRAINER, AND PLACE WHERE HORSE IS BORDED. THE PRODUCTS NAME, THE COST OF THINGS AND WHAT WAS DONE. THEN GIVE A TOTAL FOR EACH, FOR A 2 MONTH PERIOD.

MISCELLANEOUS

MAR/APRIL	NAME	PRODUCT	COST	WHAT WAS DONE
FARRIER				
TRAINING				
BOARDING				
SUPPLIES				
EQUIPMENT				
OTHER	·			
TOTAL				
MANATA	NIA NATE	אייטוערטוממ	COST	WHAT WAS DONE
MAY/JUNE FARRIER	NAME	PRODUCT	1 0081	WHAT WAS DUNE
TRAINING			-	
BOARDING				
SUPPLIES				
EQUIPMENT				
OTHER				
TOTAL				
JULY/AUG	NAME	PRODUCT	COST	WHAT WAS DONE
FARRIER	1 AND LEAD OF	1100001		11 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
TRAINING				
BOARDING				
SUPPLIES				÷
EQUIPMENT				
OTHER				
TOTAL				
	1			

PLEASE FILL IN BLANKS WITH NAME OF FARRIER, TRAINER, AND PLACE WHERE HORSE IS BORDED. THE PRODUCTS NAME, THE COST OF THINGS AND WHAT WAS DONE. THEN GIVE A TOTAL FOR EACH, FOR A 2 MONTH PERIOD. THEN GIVE A GRAND TOTAL FOR THE YEAR.

GRAND TOTAL FOR YEAR	

A brief description of you and your horse

Your Goals for the Year

What you learned

Did you achieve your goals?

Plans for the future

Things you would like to see that 4-H could offer you and your horse
